

CALIFORNIA STUDENT AID COMMISSION

SPECIALIZED PROGRAMS OPERATIONS BRANCH

P.O. BOX 419029

RANCHO CORDOVA, CA 95741-9029

**SUBJECT: 2014-15 State Nursing Assumption Program of Loans for Education for Nursing Faculty (SNAPLE NF) - Employment Compliance Verification Form**

Thank you for participating in the State Nursing Assumption Program of Loans for Education for Nursing Faculty program (SNAPLE NF) for the 2014-15 academic year. As a SNAPLE NF participant, you may qualify for loan assumption benefits if you have taught nursing for a full academic year or an eligible part-time equivalent.

Please complete and return the enclosed 2014-15 SNAPLE NF Employment Compliance Verification Form to the California Student Aid Commission (Commission), after your employer has completed Section II on the form.

SNAPLE NF 2014-15 Employment Compliance Verification Form (Employment Form) –

- If you have provided teaching service for 2014-15 academic year, complete the top part of the Employment Form and Section I.
- Section II must be completed by your employer at the college or university where you were employed.
- If you did not provide eligible teaching service for the 2014-15 academic year, please complete the top part of the Employment Form. Under Section 1, check “NO,” and provide your reason(s) for not providing eligible teaching service.

You will be notified through email after the payment is sent to your lender. If you have any questions, please contact Cheryl Davis at (916) 464-3022 or at Cheryl.davis@csac.ca.gov.

STATE NURSING ASSUMPTION PROGRAM OF LOANS FOR EDUCATION FOR NURSING FACULTY (SNAPLE NF) 2014-15 EMPLOYMENT VERIFICATION FORM



SNAPLE NF

NAME: _____ EMPLOYMENT START DATE: _____

SCHOOL NAME: _____

SECTION I: TO BE COMPLETED BY PARTICIPANT

☐ Please update name, mailing address, city, state, zip code, email address or phone number. (Please print or type below)

☐ I have changed schools from 2013-14 academic year to 2014-15 academic year. (If yes, please identify the new school below & start date)

SCHOOL NAME	START DATE
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SCHOOL ADDRESS	CITY	STATE	ZIP
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☐ **NO**, I did not provide eligible full-time teaching service for 2014-15 academic year. (Please explain the reason you did not provide full time teaching) and then return this form to the California Student Aid Commission)

☐ **YES**, I provided eligible full-time teaching service for 2014-15 academic year. I hereby authorize my employer to complete and release the information indicated below to verify my employment for SNAPLE NF benefits. (Please submit this form to your employer to complete Section II)

PARTICIPANT'S

SIGNATURE: _____ DATE: _____

SECTION II: TO BE COMPLETED BY EMPLOYER

1. Did the participant provide **full-time teaching service** for 2014-15 academic year? YES ☐ NO ☐
(If no, please explain)

2. If the participant is an adjunct / part-time faculty member, please indicate at what percentage of the academic term the participant provided for your institution during the 2014-15 academic year. (i.e. 50%, 25% etc.)

3. Is the participant currently employed by your school? YES ☐ NO ☐

4. Is your school a quarter school or a semester school _____

5. Is your school regionally accredited? YES ☐ NO ☐

By my signature, I hereby declare that the above information is true as is reflected on current official school records.

PRINT/ TYPE NAME OF OFFICIAL	SIGNATURE	PHONE NUMBER (EXT)	DATE
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SCHOOL NAME	EMAIL
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PLEASE RETURN THIS FORM TO:

CALIFORNIA STUDENT AID COMMISSION
SPECIALIZED PROGRAMS OPERATIONS BRANCH
ATTN: SNAPLE NF
P.O. BOX 419029
RANCHO CORDOVA, CA 95741-9029